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REISSUE APPLICATION DECLARATION BY THE ASSIGNEEDocket Number (optional)
14336

I hereby declare that:

My residence and mailing address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following assignee: Mount Sinai School of Medicine of the City of New York
and the title of my position with said assignee is: Executive Director, Office of Industrial Liaison

The entire title to the patent identified below is vested in said assignee.

Name of Patentee(s):

Steven M. Podos; Thomas W. Mittag; Bernard Becker

Patent Number

6,037,368

Date of Patent Issued

March 14, 2000

Title of Invention

8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____
8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY _____,

the specification of which

 is attached hereto. was filed on _____ as reissue application number _____ /
 and was amended on _____
 (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- by reason of a defective specification or drawing.
- by reason of the patentee claiming more or less than he had the right to claim in the patent.
- by reason of other errors.

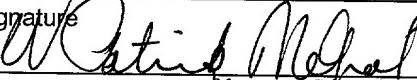
At least one error upon which reissue is based is described as follows:

Patentees' attorneys have only recently appreciated the disclosure of prior art publication WO94/11002, and became aware of U.S. Patent No. 6,124,353, which issued after the issuance of the subject patent.

[Attach additional sheets, if needed.]

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 14336																								
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name(s)</td> <td style="width: 50%;">Registration Number</td> </tr> <tr> <td>Richard S. Clark</td> <td>26,154</td> </tr> <tr> <td>Janet M. MacLeod</td> <td>35,263</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>			Name(s)	Registration Number	Richard S. Clark	26,154	Janet M. MacLeod	35,263																		
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<p>Correspondence Address: Direct all communications about the application to:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input checked="" type="checkbox"/> Customer Number</td> <td style="width: 40%;"><input type="text"/></td> <td style="width: 40%; text-align: right; vertical-align: bottom;">  → Customer Number Bar Code 30873 <small>Label Here</small> <small>PATENT TRADEMARK OFFICE</small> </td> </tr> <tr> <td colspan="3" style="text-align: center; font-style: italic;">Type Customer Number Here</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number	<input type="text"/>	 → Customer Number Bar Code 30873 <small>Label Here</small> <small>PATENT TRADEMARK OFFICE</small>	Type Customer Number Here																				
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<p>OR</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td style="width: 25%;"></td> <td style="width: 15%;">State</td> <td style="width: 15%;"></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td style="width: 30%;"></td> <td style="width: 15%;">Fax</td> <td style="width: 15%;"></td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name				Address				Address				City		State		Country				Telephone		Fax	
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																										
<p>Full name of person signing (given name, family name) W. Patrick McGrath</p>																										
<p>Signature</p> 		<p>Date</p> <i>Jan 31, 2002</i>																								
<p>Address of Assignee Mount Sinai School of Medicine, One Gustave L. Levy Place, Box 1675, New York, NY 10029-6574</p>																										
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<p><input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.</p>																										

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket No. 14336

Additional Patentee

Bernard Becker

U.S.

8655 West Kingsbury, St. Louis, MO 63124